

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | 180      | 76331  |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          |          | 8      | 7-26-00  |
| RESPONSE FORMALITY REVIEW | HA       | 858    | 08-29-00 |
|                           |          |        |          |
|                           |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date    |
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| 1     | 101   | 3/6/00   |         |
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| 9     |       |          |         |
| 10    | ✓     | ✓        | 7-26-00 |
| 11    | ✓     | ✓        | 7-26-00 |
| 12    | ✓     | ✓        | 7-26-00 |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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